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## APPLICANTS

Brian R. Trego, Muscatine, IA;

Jay R. Machael, Muscatine, IA;  
Marcus C. Koepke, Indianapolis, IN;

## \*\* CONTINUING DATA \*\*\*\*\*

NONE

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IA	DRAWING 8	CLAIMS 39	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

58506  
FAEGRE & BENSON, LLP  
ATTN: PATENT DOCKETING  
90 SOUTH SEVENTH STREET  
2200 WELLS FARGO CENTER  
MINNEAPOLIS , MN  
55402

## TITLE

Horizontally adjustable chair armrest

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